

To study the health problems of workers in hospitality industry in selected units of Uttarakhand

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■ **ABSTRACT :** Hospitality industry has brought tremendous growth to the global economy by providing services ranging from accommodation, sightseeing as well as other services related to the tourism industry. It not only provides employment but also plays a vital role in the economic returns of a country in the form of foreign exchange. Also the interaction with people from different cultures, thus educating people, is brought about by the hospitality industry. Hence, Hospitality industry plays a major role in the development of economies. The complexity of the sector makes it difficult to present an exhaustive view of the situation. The hotels sector employs more than 7.8 million people in the India and is characterized by high job demands and high physical workload. Non-permanent employment patterns, in particular seasonal work, are prevalent (Kristensen *et al.*, 2005). The sector also employs a high proportion of young workers and migrant workers. This sector covers a wide range of workplaces, more than just hotels. In a study, research design is needed because it facilitates the smooth sailing of the various research operations in a systematic manner. In order to achieve the objectives of the study descriptive design was planned. Some specific health problems to the workers of different departments (front office, housekeeping, food production unit, food service unit and tours and travel unit) of hospitality industry and these health problems were arising due to their service time. When comparison was made between hotel workers in different departments it was observed that in the front office department maximum 56.7 per cent workers respond that they were quite often suffering with the visual fatigue problem due to service while in the department of housekeeping they said that they quite often suffered with the slips, trips/falls problem. On the other hand, it was found that highly 68.9 per cent workers who were working in the food production department reported that they were almost never suffering with ischemic heart disease and 62.9 per cent food service department workers' said that they almost always suffered with manual handling problem. At the end of the comparison, tours and travel department workers' felt that 57.9 per cent were quite often suffering with the respiratory infection health problems due to service.

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■ **KEY WORDS:** Hospitality units, Front office workers, Housekeepers, Food production unit workers, Food service unit workers, Tours and travels unit workers, Health problems

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The Indian hospitality industry has emerged as one of the key industries driving growth of the services sector in India. It has evolved into an industry that is sensitive to the needs and desires of people. The Hospitality industry is a broad category of fields within the service industry. A hospitality unit such as a restaurant, hotel, or even an amusement park consists of multiple groups such as facility maintenance, direct operations (servers, housekeepers, porters, kitchen workers, bartenders, management, marketing, and human resources etc.). Historically, the hospitality industry has drawn heavily from the youth labour pool to meet their workforce needs, but in recent years the industry has been left with an insufficient pipeline of new workers to satisfy demand. Faced with a shrinking pipeline of workers, the hospitality industry is increasing its recruitment efforts towards youth and developing targeted strategies for previously untapped labour pools. High turnover is a key challenge in the hospitality industry (Probst and Estrada, 2010). The positive features of hill districts are that they have enormous potential for tourism, a suitable climate for high-value agriculture, and a pleasant environment due to 60 per cent forest cover. This can be achieved by working towards this common goal through infrastructure development, tours and travels and hospitality. Hotel industry is closely linked to the tourism industry in Uttarakhand State. A number of factors related to promotion of tourism in Uttarakhand State, the government incentives and rapid industrial progress have given a boost to hoteliering. With increasing thrust in tourism area of Uttarakhand, career opportunities in this field are not only limited within the State but available in the whole country and moreover there are chains of hotels which operate internationally provide scope of a career abroad. Growth of hotel industry in state is fuelled by industrial zones, setting up of domestic tourism and business travel, the demand for well trained quality personnel too has grown impressively.

The workers working in the hotels must withstand the pressure, string of working for long hours, suffering from high blood pressure due to prolong standing posture, lifting heavy pots and kettles and working near hot ovens and grills. An occupational hazard includes slips and falls, cuts and burns. So there is a need to take care of that kind of workers. There are some major risk factors include repetition, awkward posture, force

exertion, static posture, mechanical contact stress, temperature and vibration. There are part of a broad category of injuries and disorders called Musculoskeletal Disorders (MSDs). Musculoskeletal Disorders are not usually caused by acute trauma, but occur slowly over time due to repetitive injuries to the soft tissues such as muscles, tendons, ligaments, joints, cartilage and nervous system. Musculoskeletal Disorders can happen to anyone from restaurant workers and industrial employees to athletes, hobbyists, office workers etc. (Sanon, 2014). Work-Related Musculoskeletal Disorders (WMSDs) are musculoskeletal Disorders that are caused or made worse by work methods and environment. It does occur when the physical capabilities of the worker do not match the physical requirements of the job. Hence the present study entitled "To study the health problems of workers in hospitality industry in selected units of Uttarakhand India" had been planned with following specific objectives :

- Work profile of the hospitality industry workers.
- To record the health problems of the hospitality industry workers.

■ RESEARCH METHODS

A descriptive research enumerates the existing conditions in which the researcher has no control over the variables and can report only actual conditions. The interview schedule was found to be an appropriate tool, which would adequately gather information pertaining to research work. Considering the objectives of the study, research was carried out at the hotels of kumaun region of Uttarakhand. A sample size is a definite plan for obtaining a sample from a given population. Total sample sizes of 200 were selected. Deliberate random sampling with random sampling techniques was used to select the sample respondents. Checklist was developed to collect information on physical qualifications of workers in different operations. Data was collected personally through interview technique with the help of pre structured questionnaire. Collected data was tabulated and analysis with descriptive as well as relational statistics.

■ RESEARCH FINDINGS AND DISCUSSION

This information of the workers are necessary because it provides the information about the changes in work capacity or ability and pain or discomfort in

respective body parts which aids in the interpretation of some of the results of this study.

Work profile of the selected workers:

Work profile of the hospitality industry workers includes work duration, working time, usual work day, hours of working per day, type of job, over time work, work rotation, type of activities, number of workers involved and pain or discomfort while performing each activities etc. The data revealed that minor proportion of the workers were working in the present job or similar type of job since 0-1 years *i.e.* 13.5 per cent. About 36 per cent were doing it not more than one year and major proportion of the workers were engaged in the similar type of job for more than two years *i.e.* 55.5.

When comparison was made between the hotel workers in different departments of hospitality industry it was observed that major proportion of the workers *i.e.* 68.4 per cent tours and travel units workers' were working in the present job or similar type of job for more than two years and minimum *i.e.* 13.33 per cent food production unit workers' were engaged in the similar type of job for since one year.

It was found through a survey that the usual work day of the 41.5 per cent workers were more than 8 hours per day whereas 32 per cent worker's usual work hour were 6 to 8 hours and about 26.5 per cent of the workers worked for less than 8 hours per day.

On the basis of comparison nearly 53 per cent of

the workers involved in the food service unit, were working for more than 8 hours and only 11 per cent involved in producing the food item activity were working for less than 8 hours.

The data envisaged that about 39 per cent of the workers worked for about eight hours per day only whereas about 37.5 per cent worker only about four hour and only 23.5 per cent were working in the hotel for about six hours per day.

The Table 1 showed that approximately 50 per cent of the workers involved in the food service unit were working for eight hours and about eighteen per cent of them involved in tours and travels unit were working six hours.

Whereas nearly 30 per cent were having the other type of employment *i.e.* part time permanent employment and only 9 per cent were engaged in the any other types of job. When compared different departments of hospitality industry, it was found that all the front office workers were engaged in the full time permanent employee and very little proportion of the casual workers were involved in the tours and travel units *i.e.* 5.3 per cent.

Specific health problems to the workers of different departments of hospitality industry due to service:

Table 2 showed that some specific health problems to the workers of different departments of hospitality industry and these health problems were arising due to

Table 1 : Work profile of the selected workers			(n=200)				
Work profile	Categories	Total (n=200)	Departments of hospitality industry				
			A (n=30)	B (n=33)	C (n=45)	D (n=54)	E (n=38)
Duration of work	0-1 year	27 (13.5)	7 (23.33)	-	6(13.33)	14(25.92)	-
	1-2 years	72 (36)	9 (30)	17(51.51)	13(28.9)	21(38.9)	12(31.6)
	More than 2 years	101 (55.5)	14 (46.7)	16(48.5)	26(57.8)	19(35.2)	26(68.42)
Usual work day	6-8 hours	64 (32)	10(33.33)	10(30.30)	18(40)	12(22.22)	14(36.82)
	Less than 8 hours	53 (26.5)	15(50)	10(30.30)	5(11.11)	13(24.1)	10(26.31)
	More than 8 hours	83 (41.5)	5(16.7)	13(39.4)	22(48.9)	29(53.70)	14(36.7)
Working hours	4 hours	75 (37.5)	13(43.33)	12(36.4)	14(31.11)	15(27.8)	21(55.3)
	6 hours	47 (23.5)	8(26.7)	9(27.3)	11(24.44)	12(22.22)	7(18.42)
	8 hours	78 (39)	9(30)	12(36.4)	20(44.44)	27(50)	10(26.31)
Type of job	Full time permanent employee	120 (60)	30(100)	21(63.63)	23(51.11)	34(62.10)	12(31.6)
	Part time permanent employee	60 (30)	-	12(36.4)	10(22.22)	20(37.03)	18(47.4)
	Casual	2 (1)	-	-	-	-	2(5.3)
	Any other	18 (9)	-	-	12(26.7)	-	6(15.8)

Figures in parenthesis indicate the percentages of total workers in the category

Note: A.- Front office workers B.- Housekeepers C.- Workers in food production unit D.- Workers in food service unit E.- Workers in tours and travels units

their service time. In the first department of hospitality industry *i.e.* front office workers, it includes musculoskeletal disorders MSDs, stress, visual fatigue, repetitive stress disorders and sleeping problem where as in the second department of this industry *i.e.* housekeeping, it includes MSDs, fatigue, stress, strain,

Table 2. Specific health problems to the workers of different departments of hospitality industry due to service (n=200)						
Type of operations	Specific health problems	Responses			Total	
		Almost never	Quite seldom	Quite often		Almost always
Front office workers (n=30)						
	Musculoskeletal disorders (MSDs)	-	13 (43.33)	10 (33.33)	7 (23.33)	30 (100)
	Stress	5 (16.7)	12 (40)	13 (43.33)	-	30 (100)
	Visual fatigue	-	9 (30)	17 (56.7)	4 (13.33)	30 (100)
	Repetitive stress disorders	-	14 (46.7)	9 (30)	7 (23.33)	30 (100)
	Sleep problems	2 (6.7)	15 (50)	13 (43.33)	-	30 (100)
Housekeepers (n=33)						
	Musculoskeletal disorders (MSDs)	-	10 (30.30)	17 (51.51)	6 (18.2)	33 (100)
	Fatigue	-	8 (15.15)	7 (21.21)	18 (54.54)	33 (100)
	Stress	4 (12.12)	7 (21.21)	13 (39.4)	9 (27.3)	33 (100)
	Strain	6 (18.2)	-	14 (42.42)	13 (48.5)	33 (100)
	Slips, trips / falls	-	-	21 (63.63)	12 (36.4)	33 (100)
	Asthma	9 (27.3)	16 (48.5)	8 (15.15)	-	33 (100)
	Dermatitis	-	14 (42.42)	10 (30.30)	9 (27.3)	33 (100)
	Punctures of the sole of the foot	-	8 (24.24)	12 (36.4)	13 (48.5)	33 (100)
Workers in food production unit (n=45)						
	Cuts	-	14 (31.11)	21 (46.7)	10 (22.22)	45 (100)
	Burns	-	28 (62.22)	12 (26.7)	5 (11.11)	45 (100)
	Suffocation	-	22 (48.9)	20 (44.44)	3 (6.5)	45 (100)
	Chronic obstructive pulmonary disease	18 (40)	16 (35.6)	11 (24.44)	-	45 (100)
	Lung cancer	35 (77.8)	10 (22.22)	-	-	45 (100)
	Ischaemic heart disease	31 (68.9)	8 (17.8)	6 (13.33)	-	45 (100)
	High blood pressure	-	22 (48.5)	10 (22.22)	13 (28.9)	45 (100)
	Electric shocks	8 (17.8)	12 (26.5)	20 (44.44)	15 (33.33)	45 (100)
Workers in food service unit (n=54)						
	Slips, trips / falls	6 (11.11)	18 (33.33)	20 (37.03)	10 (18.51)	54 (100)
	Repetitive trauma disorders	10 (18.51)	19 (35.2)	11 (20.4)	14 (25.92)	54 (100)
	Musculoskeletal disorders	4 (7.40)	12 (22.22)	23 (42.6)	15 (27.8)	54 (100)
	Skin reaction/allergy	9 (16.5)	10 (18.51)	25 (46.3)	10 (18.51)	54 (100)
	Manual handling	-	8 (14.81)	12 (22.22)	34 (62.9)	54 (100)
Workers in tours and travels (n=38)						
	Slips, trips / falls	-	12 (31.6)	16 (42.10)	10 (26.31)	38 (100)
	Musculoskeletal disorders (MSDs)	7 (18.42)	9 (23.7)	14 (36.9)	8 (21.1)	38 (100)
	Repetitive stress disorders	-	10 (26.31)	18 (47.4)	9 (23.7)	38 (100)
	Vomiting	12 (31.6)	12 (31.6)	8 (21.05)	6 (15.8)	38 (100)
	Nausea	10 (26.31)	7 (18.42)	5 (13.2)	-	38 (100)
	Headache	-	13 (34.21)	15 (39.5)	10 (26.31)	38 (100)
	Stress	-	12 (31.6)	15 (39.5)	11 (28.7)	38 (100)
	Diarrhea	-	9 (23.7)	22 (57.9)	7 (18.42)	38 (100)
	Respiratory infection	7 (18.42)	11 (28.64)	10 (26.31)	10 (26.31)	38 (100)
	Skin infection	3 (7.8)	8 (21.1)	18 (47.4)	9 (23.7)	38 (100)

Figures in parenthesis indicate the percentages of total workers in the category.

slips, trips and falls, asthma, dermatitis and punctures of the sole of the foot. Cuts, burns, suffocation, chronic obstructive pulmonary disease, lung cancer, ischemic heart disease, high blood pressure and electric shocks are the health problems of third department of this industry *i.e.* food production unit. Fourth department includes like STFs, RTD (Repetitive trauma disorders), MSDs, skin reaction/ allergy and manual handling problems. At the last tours and travel department includes vomiting, nausea, diarrhea, respiratory and skin infection etc. health problems.

In the first department of hospitality industry, it was found that 56.7 per cent workers respond that they were quite often suffering with the problem of visual fatigue followed by 50 per cent felt that they were quite seldom suffering with the sleeping problem and only 6.7 per

cent said that they were almost never suffering with that sleeping problems.

During the housekeeping work in the hospitality industry, it was observed that 63.6 per cent workers were quite often facing slips, trips/falls problem followed by 54.5 per cent workers said that they were almost always feeling fatigue due to service time and only 15.1 per cent were answered that they were quite seldom or often suffering with the fatigue or asthma problem on that time.

At the food production work in that industry there workers' faced with many health problems like cuts, burns, suffocation, pulmonary disease, high blood pressure and electric shocks. Table 2 envisaged that highly 77.7 per cent workers said that they were almost never occurring lung cancer followed by 68.88 per cent also said that they were never suffered with the heart

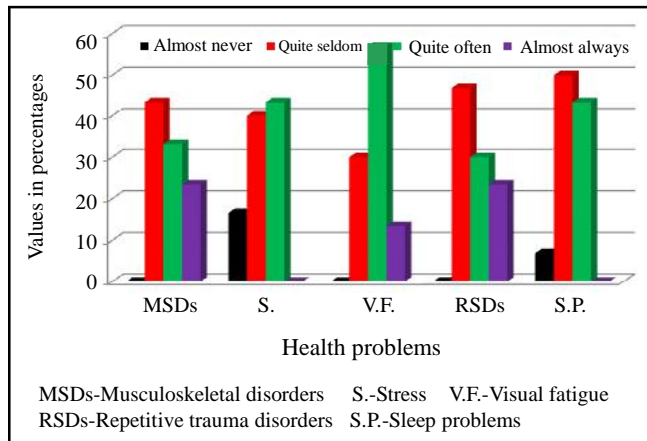


Fig. 1 : Specific health problems to the front office workers

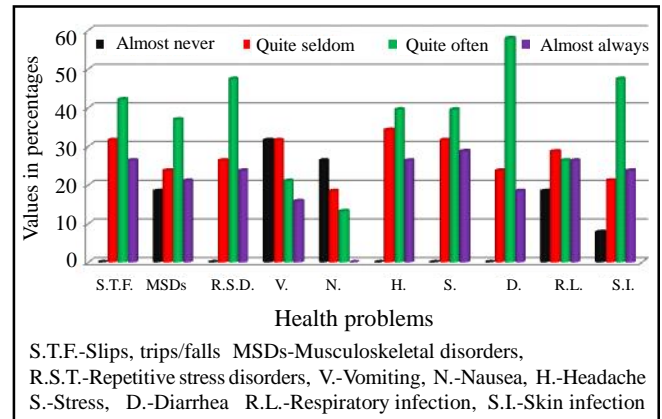


Fig. 3 : Specific health problems to the workers involved in food production unit

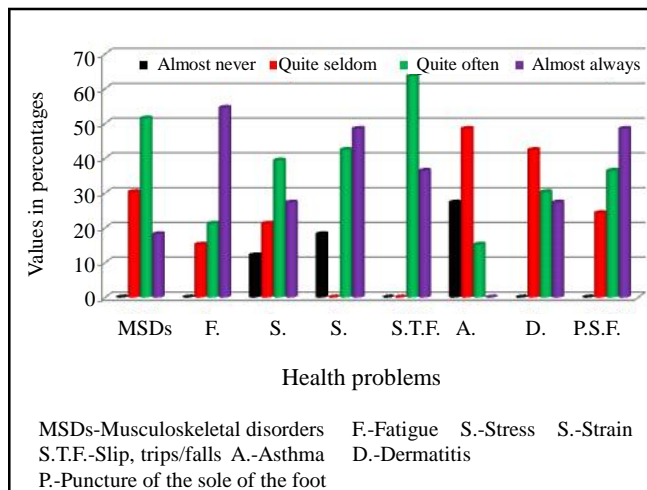


Fig. 2 : Specific health problems to the housekeepers

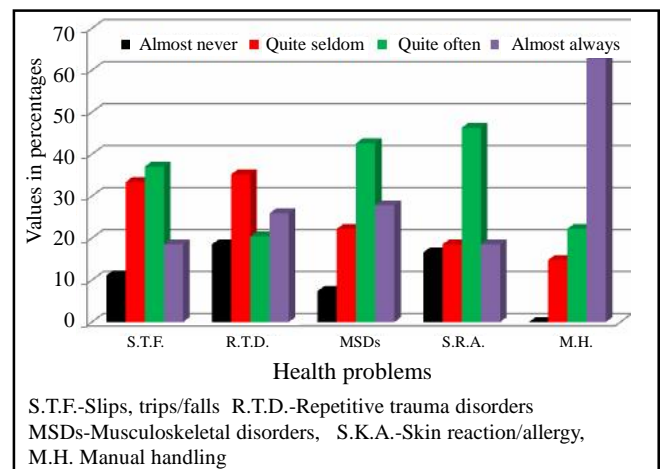


Fig. 4 : Specific health problems to the workers involved in food service unit

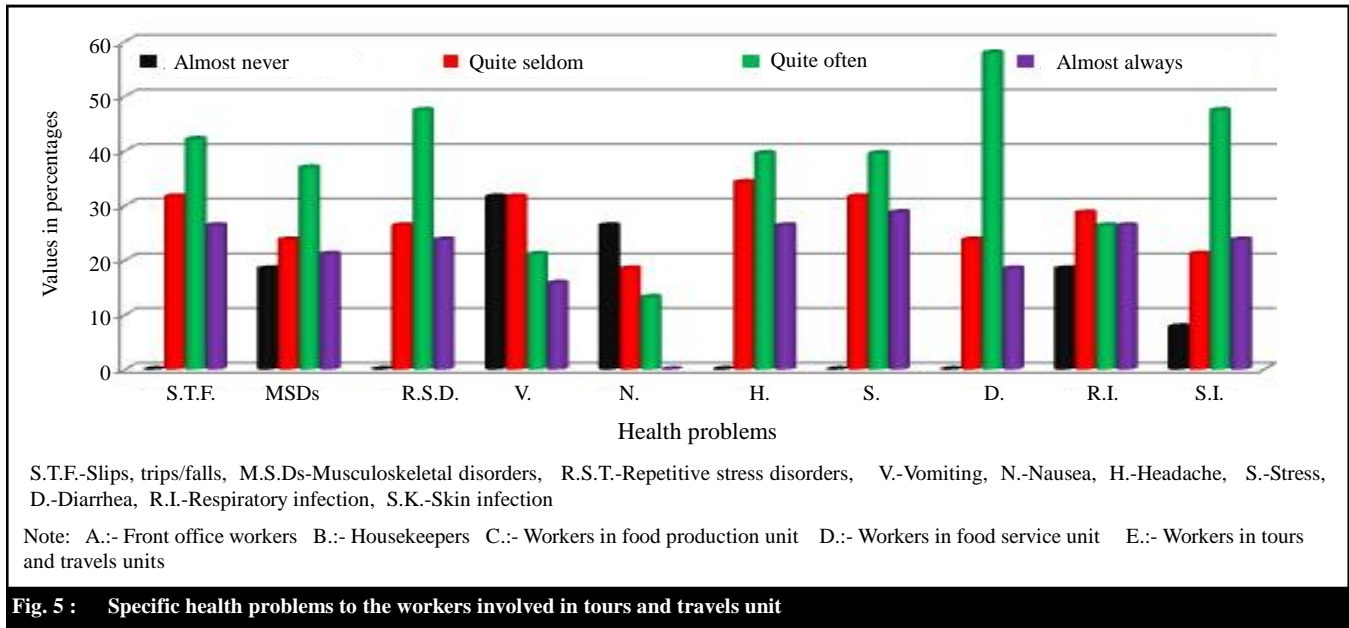


Fig. 5 : Specific health problems to the workers involved in tours and travels unit

disease during their service time and minimum 6.6 per cent respond that almost always they were suffering with the suffocation health problem.

During the food servicing work in the hospitality industry, it was showed that maximum 62.9 per cent workers said that they were quite often facing with the skin reaction/allergy problem followed by 46.3 per cent answered that they were quite often suffering with musculoskeletal disorders (MSDs) problem and minimum 7.4 per cent were almost never suffering with the MSDs problem.

In the tours and travel unit, they were also facing health problems like slips, trips / falls, musculoskeletal disorders, repetitive stress disorders, vomiting, nausea, headache, stress, diarrhoea, respiratory infection and skin infection. Highly 57.8 per cent workers respond that they were quite often suffering from diarrhoea disease followed by 47.3 per cent suffering from repetitive stress disorders and minimum 7.8 per cent suffering from skin problem.

When comparison was made between restaurant workers in different departments it was observed that in the front office department maximum 56.7 per cent workers respond that they were quite often suffering with the visual fatigue problem due to service while in the department of housekeeping they said that they quite often suffered with the slips, trips/falls problem.

On the other hand, it was found that highly 68.9

per cent workers who were working in the food production department reported that they were almost never suffering with ischemic heart disease and 62.9 per cent food service department workers' said that they almost always suffered with manual handling problem (Fig. 1 to 5).

Conclusion:

On the bases of the findings of the study following points of conclusion can be drawn-

- Hotels attract many tourists for leisure, rest and recreation. Employment in hotels and resort has been increasing continuously with years. On the other hand, there were signs of an increase in the final quarter of the year, when tourist arrivals grew by 2 per cent.

- According to Hsieh (2014) an increase in demand for hotel rooms resulted in more construction of new hotels. Growth in the tourism sector increased the demand for employment. They require more workers during the summer season and mostly on weekends, where young workers are readily available to work.

- Although hotels are seen as places they can have comfort and enjoy, those places are an environment with full of real hazards and accidents. There are some health hazards like musculoskeletal disorders, cumulative trauma disorders and repetitive motion injuries (RMIs) etc. that exist in the hospitality and tourism industry.

- It is important to know about these health

hazards and how to work safely in these environments.

– The hotel workers adopt different posture like sitting, squatting, bending and standing etc. while performing various activities. These factors produce discomfort and fatigue. The study revealed that awkward posture and prolong static posture are also responsible for musculoskeletal disorders and cardio vascular problems.

Workers are required to assess the health and safety risks resulting from working tasks and activities, and including manual handling. A risk assessment is a careful examination of what in the work could cause harm to people. It can then be decided whether sufficient precautions have been taken, or whether it is necessary to do more to prevent harm. The challenge is to eliminate, or at least reduce, the potential for accidents, injury or ill health that arise from working activities and tasks.

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